

Fill in this information to identify your case:

Debtor 1	Todd Edward Randall		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Tracy Janette Randall		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF WASHINGTON		
Case number (if known)	19-14119		

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.1	America First Credit Union <small>Creditor's Name</small> PO Box 9199 Ogden, UT 84409 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px;"> 2012 Honda Civic 60000 miles Model: SI. Trade-in value \$8500 per KBB. </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) _____	\$12,681.00	\$8,500.00	\$4,181.00

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim relates to a community debt

Date debt was incurred _____ Last 4 digits of account number **7335**

Debtor 1 **Todd Edward Randall**
First Name Middle Name Last Name
Debtor 2 **Tracy Janette Randall**
First Name Middle Name Last Name

Case number (if known) **19-14119**

2.2 **FreedomRoad Financial** Describe the property that secures the claim: **\$5,255.64** **\$6,171.00** **\$0.00**
Creditor's Name

PO Box 4597
Hinsdale, IL 60522-4597
Number, Street, City, State & Zip Code

2018 KTM 500 EXC-F Motorcycle
500 EXC-Value \$8825 per KBB.F
10000 miles
Trade in value: \$6170 per KBB.

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim relates to a community debt

Date debt was incurred **2018** Last 4 digits of account number **1791**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$17,936.64

If this is the last page of your form, add the dollar value totals from all pages.

\$17,936.64

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	Todd Edward Randall		
	First Name	Middle Name	Last Name
Debtor 2	Tracy Janette Randall		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF WASHINGTON		
Case number	19-14119		
(if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	IRS Internal Revenue Service			
	Priority Creditor's Name	Last 4 digits of account number	2996	\$2,288.11
	POB 7346	When was the debt incurred?	unknown	\$2,288.11
	Philadelphia, PA 19101-7346			\$0.00
	Number Street City State Zip Code			
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify unpaid taxes		

Debtor 1 **Todd Edward Randall**
Debtor 2 **Tracy Janette Randall**

Case number (if known) **19-14119**

<div>2.2</div> <div>IRS Internal Revenue Service Priority Creditor's Name POB 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 7624 \$6,568.59 \$2,748.45 \$3,820.14</div> <div>When was the debt incurred? 12.31.2008</div> <div>As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ Unpaid taxes.</div>
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<div>2.3</div> <div>IRS Internal Revenue Service Priority Creditor's Name POB 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 7624 \$9,601.84 \$4,931.00 \$4,670.84</div> <div>When was the debt incurred? 12.31.2009</div> <div>As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ UNPAID TAXES, INTEREST & PENALTIES</div>
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<div>2.4</div> <div>IRS Internal Revenue Service Priority Creditor's Name POB 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 7624 \$6,201.85 \$4,022.00 \$2,179.85</div> <div>When was the debt incurred? 12.31.2010</div> <div>As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ UNPAID TAXES</div>
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Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Debtor 1 **Todd Edward Randall**
Debtor 2 **Tracy Janette Randall**

Case number (if known) **19-14119**

4.1

Associated Emergency Physician

Nonpriority Creditor's Name
**429 SW 41st St
Renton, WA 98057**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **Unknown.**

When was the debt incurred? **9/26/2014**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical services.**

Total claim

\$48.80

4.2

Cigna

Nonpriority Creditor's Name
**7855 Goodwin Road
Chattanooga, TN 37421**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **4800**

When was the debt incurred? **5/19/2-19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Hospital Care**

\$342.00

4.3

Collection Bureau of America

Nonpriority Creditor's Name
**25954 Eden Landing Road
1st Floor
Hayward, CA 94545**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **3407**

When was the debt incurred? **unknown**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Unknown collection.**

\$67.53

Debtor 1 **Todd Edward Randall**
Debtor 2 **Tracy Janette Randall**

Case number (if known) **19-14119**

4.4

Convergent Outsourcing Inc.

Nonpriority Creditor's Name

800 SW 39th St.

PO Box 9004

Renton, WA 98057

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7166**

\$244.75

When was the debt incurred? **unknown**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Puget Sound Energy bill.**

4.5

FMS Inc

Nonpriority Creditor's Name

4915 S Union Ave

Tulsa, OK 74107

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **Unknown**

\$15.49

When was the debt incurred? **Unknown**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Multicare Health collection.**

4.6

Highline Pathology

Nonpriority Creditor's Name

PO Box 34960

Seattle, WA 98124-1960

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4373**

\$44.83

When was the debt incurred? **Unknown**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services.**

Debtor 1 **Todd Edward Randall**
Debtor 2 **Tracy Janette Randall**

Case number (if known) **19-14119**

4.7

Millenium Laboratories

Nonpriority Creditor's Name

**16981 Via Tazon
San Diego, CA 92127-1645**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7062**

\$446.74

When was the debt incurred? **3/19/2013-5/15/2013**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Believed to be medical services.**

4.8

MoneyTree Inc.

Nonpriority Creditor's Name

**POB 58363
Seattle, WA 98138**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **Unknown**

\$301.00

When was the debt incurred? **Unknown**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Unknown.**

4.9

Multicare

Nonpriority Creditor's Name

**2600 Northloop Way
Suite 150
Houston, TX 77002-8915**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4455**

\$63.75

When was the debt incurred? **4/27/2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical services.**

Debtor 1 **Todd Edward Randall**
Debtor 2 **Tracy Janette Randall**

Case number (if known) **19-14119**

4.1
0

OneMain

Nonpriority Creditor's Name

PO Box 183122
Columbus, OH 43218-3172

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **Unknown.**

\$0.00

When was the debt incurred? **Unknown**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ **Other. Specify** **For information only on account believed closed.**

4.1
1

PFC

Nonpriority Creditor's Name

PO Box 1686
Greeley, CO 80632-1686

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **Unknown**

Unknown

When was the debt incurred? **Unknown**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ **Other. Specify** **Unknown.**

4.1
2

Professional Finance Co.

Nonpriority Creditor's Name

918 10th St.
Greeley, CO 80631

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1619**

\$317.06

When was the debt incurred? **7/31/2018-12/24/2013**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ **Other. Specify** **Multicare Health Care collection.**

Debtor 1 **Todd Edward Randall**
Debtor 2 **Tracy Janette Randall**

Case number (if known) **19-14119**

4.1
3

PSC Inc.

Nonpriority Creditor's Name
**c/o Retacco Law Offices, Inc.
30640 Pacific Hwy. S.
Suite C-1
Federal Way, WA 98003**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **unknown**

\$3,406.49

When was the debt incurred? **2/13/2014**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Judgment: Case No. 14-2-042001 KNT**

4.1
4

Puget Sound Collection

Nonpriority Creditor's Name
**PO Box 66995
Tacoma, WA 98464-6995**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **Unknown**

\$114.00

When was the debt incurred? **Unknown**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Multicare Medical Associates bill.**

4.1
5

Rev1 Homes Limited

Nonpriority Creditor's Name
**c/o Eller Firm PLLC
Atten: Travis Scott Eller
22525 SE 64th Pl. Suite 278
Issaquah, WA 98027**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **unknown**

\$8,425.00

When was the debt incurred? **5/24/2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Judgment in Case No.17-2-07289-3 KNT**

Debtor 1 **Todd Edward Randall**
Debtor 2 **Tracy Janette Randall**

Case number (if known) **19-14119**

4.1
6

Sentry Credit

Nonpriority Creditor's Name

**2809 Grand Ave.
Everett, WA 98201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1859**

\$134.84

When was the debt incurred? **unknown**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Puget Sound Energy Bill**

4.1
7

Smile Brands Finance, Inc.

Nonpriority Creditor's Name

**PO Box 54288
Irvine, CA 92619**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0637**

\$2,119.19

When was the debt incurred? **unknown**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Dental services.**

4.1
8

Springleaf Financial

Nonpriority Creditor's Name

**1309 Auburn Way N
Auburn, WA 98002-4110**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **Unknown.**

\$0.00

When was the debt incurred? **Unknown.**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **For information only on account believed closed.**

Debtor 1 **Todd Edward Randall**
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4.1
9

State Collection Service

Nonpriority Creditor's Name
2509 South Stoughton Rd
PO Box 6250
Madison, WI 53716

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **Unknown**

\$63.75

When was the debt incurred? **Unknown.**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collection account for Multicare.**

4.2
0

Tacoma General Hospital

Nonpriority Creditor's Name
315 Martin Luther King Jr. Way
Tacoma, WA 98405

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **Unknown**

Unknown

When was the debt incurred? **Unknown**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services.**

4.2
1

TriMed Ambulance LLC

Nonpriority Creditor's Name
429 SW 41st St
Renton, WA 98057

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **8606**

\$946.36

When was the debt incurred? **10/17/2014**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Ambulance services.**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$	0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$	24,660.39
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$	24,660.39
Total claims from Part 2	6f. Student loans	6f.	\$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	17,101.58
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$	17,101.58

**United States Bankruptcy Court
Western District of Washington**

In re	Todd Edward Randall	Debtor(s)	Case No.	19-14119
	Tracy Janette Randall		Chapter	13

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date:	November 19, 2019	/s/ Todd Edward Randall
		Todd Edward Randall
		Signature of Debtor
Date:	November 19, 2019	/s/ Tracy Janette Randall
		Tracy Janette Randall
		Signature of Debtor

AMERICA FIRST CREDIT UNION
PO BOX 9199
OGDEN, UT 84409

ASSOCIATED EMERGENCY PHYSICIAN
429 SW 41ST ST
RENTON, WA 98057

CIGNA
7855 GOODWIN ROAD
CHATTANOOGA, TN 37421

COLLECTION BUREAU OF AMERICA
25954 EDEN LANDING ROAD
1ST FLOOR
HAYWARD, CA 94545

CONVERGENT OUTSOURCING INC.
800 SW 39TH ST.
PO BOX 9004
RENTON, WA 98057

FMS INC
4915 S UNION AVE
TULSA, OK 74107

FREEDOMROAD FINANCIAL
PO BOX 4597
HINSDALE, IL 60522-4597

HIGHLINE PATHOLOGY
PO BOX 34960
SEATTLE, WA 98124-1960

IRS INTERNAL REVENUE SERVICE
POB 7346
PHILADELPHIA, PA 19101-7346

MILLENIUM LABORATORIES
16981 VIA TAZON
SAN DIEGO, CA 92127-1645

MONEYTREE INC.
POB 58363
SEATTLE, WA 98138

MULTICARE
2600 NORTHLOOP WAY
SUITE 150
HOUSTON, TX 77002-8915

ONEMAIN
PO BOX 183122
COLUMBUS, OH 43218-3172

PFC
PO BOX 1686
GREELEY, CO 80632-1686

PROFESSIONAL FINANCE CO.
918 10TH ST.
GREELEY, CO 80631

PSC INC.
C/O RETACCO LAW OFFICES, INC.
30640 PACIFIC HWY. S.
SUITE C-1
FEDERAL WAY, WA 98003

PUGET SOUND COLLECTION
PO BOX 66995
TACOMA, WA 98464-6995

REV1 HOMES LIMITED
C/O ELLER FIRM PLLC
ATTEN: TRAVIS SCOTT ELLER
22525 SE 64TH PL. SUITE 278
ISSAQUAH, WA 98027

SENTRY CREDIT
2809 GRAND AVE.
EVERETT, WA 98201

SMILE BRANDS FINANCE, INC.
PO BOX 54288
IRVINE, CA 92619

SPRINGLEAF FINANCIAL
1309 AUBURN WAY N
AUBURN, WA 98002-4110

STATE COLLECTION SERVICE
2509 SOUTH STOUGHTON RD
PO BOX 6250
MADISON, WI 53716

TACOMA GENERAL HOSPITAL
315 MARTIN LUTHER KING JR. WAY
TACOMA, WA 98405

TRIMED AMBULANCE LLC
429 SW 41ST ST
RENTON, WA 98057